

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10801436**

FILING DATE **3 16 04**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2							52								
3							53								
4	1						54								
5		1					55								
6		2					56								
7		2					57								
8		1					58								
9		1					59								
10		1					60								
11		1					61								
12		1					62								
13		1					63								
14		1					64								
15							65								
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41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.		12					TOTAL DEP.								
TOTAL CLAIMS		13					TOTAL CLAIMS								